



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Reniero et al.  
Appl. No.: 09/936,542  
Conf. No.: 7122  
Filed: September 10, 2001  
Title: LACTOBACILLUS STRAINS CAPABLE OF PREVENTING DIARRHOEA  
CAUSED BY PATHOGENIC BACTERIA AND ROTAVIRUSES  
Art Unit: 1651  
Examiner: D. Ware  
Docket No.: 112843-032

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**



Sir:

In response to the Office Action dated April 6, 2004, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

IFW 1651  
AF

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>112843-032</b>	
Applicant(s): <b>Reniero et al.</b>					
Serial No. <b>09/936,542</b>	Filing Date <b>September 10, 2001</b>	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">OIP JUN 07 2004 PATENT &amp; TRADEMARK OFFICE</div>	Examiner <b>D. Ware</b>	Group Art Unit <b>1651</b>	
Invention: <b>LACTOBACILLUS STRAINS CAPABLE OF PREVENTING DIARRHOEA CAUSED BY PATHOGENIC BACTERIA AND ROTAVIRUSES</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	22 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-1818</b></div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="text-align: right; margin-top: 10px;">Dated: <b>June 4, 2004</b></div>					
<b>Robert M. Barrett</b> Reg. No. 30,142 <b>BELL, BOYD &amp; LLOYD LLC</b> P.O. Box 1135 Chicago, IL 60690-1135 Phone: 312-87-4204			<div style="border: 1px solid black; padding: 5px;"><div>I certify that this document and fee is being deposited on <b>06-04-04</b> with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="text-align: center; margin-top: 20px;"> _____ Signature of Person Mailing Correspondence</div><div style="text-align: center; margin-top: 10px;"><b>Renee Street</b> _____ Typed or Printed Name of Person Mailing Correspondence</div></div>		
CC:					